Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C B. WING IL6005300 07/10/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3400 WEST WASHINGTON LEWIS MEMORIAL CHRISTIAN VLG SPRINGFIELD, IL 62702 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S 000 S 000 Initial Comments Complaint #1944655/IL113426 S9999 \$9999 Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Attachment A **Statement of Licensure Violations** Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 07/31/19

Electronically Signed

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Illinois D	epartment of Public	Health				MAPPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY APLETED
		IL6005300	B. WING		07	C /10/2019
NAME OF F	PROVIDER OR SUPPLIER	STRI	EET ADDRESS, CITY,	STATE: ZIP CODE		
		340	0 WEST WASHING			
LEWIS M	IEMORIAL CHRISTIA	N VLG SPR	RINGFIELD, IL 62	702		
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S9999	Continued From pa	ige 1	S9999			
	well-being of the re each resident's complan. Adequate and care and personal cresident to meet the care needs of the red) Pursuant to subscare shall include, and shall be practice seven-day-a-week 6) All necessary preasure that the resident nursing personnels	section (a), general nursin at a minimum, the followir ced on a 24-hour, basis: ecautions shall be taken to idents' environment remai hazards as possible. All shall evaluate residents to receives adequate superv	esing each nal			
	Section 300.3240	Abuse and Neglect				
		see, administrator, employ hall not abuse or neglect and 2-107 of the Act)				•
	These requirement	ts were not met evidencde	ed by:			
	facility failed to pre occurring, failed to and appropriate us safety for 3 of 3 re- reviewed for falls/in failure resulted in a	vs, and record review, the event an avoidable inciden provide adequate supervise of a mechanical lift to estimate (R3, R4 and R5) incidents in a sample of 5.	t from ision nsure This			

evaluation/treatment for R3.

_IIIinois D	epartment of Public	<u>Health</u>	·		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		IL6005300	B_WING		C 07/10/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE	
LEWIS N	EMORIAL CHRISTIA	NVLG	T WASHING ELD, IL 627		*
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S9999	Continued From pa	ge 2	S9999	3	
	Findings include:				
	notes dated 6/1/19 Practical Nurse (LF admission from the	n Record (EHR) Progress entered by V3 Licensed 'N) document R3's orders on hospital included special Il body mechanical lift.			70
	6/19/19 written by \(PTA\) documents ". stands" with minimular was "sometimes ur Writer encouraged among other suggeshowever pt. unwilling suggestions. Pt regions to stand machine from and request writer put stand machine. Wr Pt safe with sit to si	Daily Treatment Note dated /7 Physical Therapy Assistant PT (patient) performed sit to um to maximum assist and hable to complete sit to stands. pt. bringing her feet back estions throughout session, ag to listen or attempt puested to be changed to a sit from a (full body mechanical lift) but her back to bed with sit to iter agreed to assess safety. tand, plan on changing pts t to stand machine."			
	Note dated 6/19/19 Occupational Thera documents R3 "der sit to stand with ma staff on proper pos	Therapy (OT) Daily Treatment entered by V8, Certified apy Assistant (COTA) also monstrates good safety on the achine. Provided education for itioning of the patient in the the sit to stand lift transfer."			
	by V6, LPN docum- aide) V4 and V5 - If from the room and transferred per the buckled during the shift her body to the	ed 6/20/19 at 6:15pm entered ents "CNA (certified Nurse here with instructor (V9), came states that resident was being sit to stand and her knees transfer. Resident started to e right and her feet went out er. She was holding on to the			

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Illinois C	Department of Public	Health			FORM	APPROVED
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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	handles of the sit to V4 was also behind her. V4 then position resident. They lower to be able to remove They then 2 person noticed a laceration bleeding." The note was notified and ord to the emergency de of the laceration of t	o stand when this happened. If her and was holding on to oned herself underneath the ered the rails of the sit to stand the the sling off the sit to stand. If assisted her to the bed. They non her left lower leg that was a documented the physician ders were received to send R3 department (ED) for evaluation the leg. The progress notes sustained a bruise right upper a incident.				
	leg which is predom superior portion and The ED note also do to the right upper an minimally tender. Tr	the anterior lateral left lower ninately a skin avulsion to the d a skin tear to the inferior." ocuments R3 to have bruising rm which she reports as reatment orders were given the steri-strips to remain until				
	avulsion wound as a skin is torn from you other injury. The torn damaged to be repa cannot be stitched comissing." The Share "a serious soft-tissue"	dical Dictionary describes an a "wound that happens when ur body during an accident or in skin may be lost or too aired; A wound of this type closed because there is tissue recare.com site describes it as a injury often damages ing significant bleeding."				
	6/20/19 at 11:15pm (leg wound as measu	Vound Evaluation dated documents R3's right lower uring 11.5cm x 4.1 cm x ached edges: edges appeared				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ILGOOSSID ILGOOST ILGOOSSID ILGOOSSID ILGOOSSID ILGOOSSID ILGOOSSID ILGOOST	Illinois Department of Public Health					FORM APPROVED
ILE005300 B. WING O7/10/2019 MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY. STATE, ZIP CODE 3400 WEST WASHINGTON SPRINGFIELD, IL. 62702 PREFIX TAG SUMMARY STATEMENT OF DEFICICIOSES PREFIX TAG EAGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG SUMMARY STATEMENT OF DEFICICIOSES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 4 A Skin tear or Bruiss Investigation completed by the facility dated 6/21/19 documents R3's predisposing physiological factors include "gait imbalance" but falls to identify the root cause of R3's fall during a transfer and put forth recommendations so the incident did not occur again. On 7/3/19 at 8:45am, V1 Administrator stated R3 was being transferred by a facility employed CNA and a CNA here for recertification when the incident occurred. V1 stated they didn't identify it as a fall but as a laceration/skin tear and didn't report it because altihough R3 went to the emergency department, only steri-strips were applied. V1 confirmed the CNA instructor was standing in the hallway with the door closed. To her understanding when the incident occurred and didn't hear anything going on at the time. The manufacturers booklet entitled "Stand Up Patient Lift" documents under "Using the sling" for stard assist slings, the belt MUST be srug, but comfortable on the patient, otherwise the patient can slide out of the sling during transfer, possibly causing injury. It documents under "Using the sling" - "Before lifting the patient, make sure the bottom edge of the transfer sling; at the base of the spine and the patient's "resofer lifting a patient from a stationary object (wheelchair, commode or bed), slightly raise the patient off the stationary object and check that all sling attachments are secure. If any attachment is not correct, lower the patient				770		
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the facility dated 6/2/1/19 documents R3's predisposing physiological factors include "gait imbalance" but fails to identify the root cause of R3's fall during a transfer and put forth recommendations so the incident did not occur again. On 7/3/19 at 8:45am, V1 Administrator stated R3 was being transferred by a facility employed CNA and a CNA here for recertification when the incident occurred. V1 stated they didn't identify it as a fall but as a laceration/skin tear and didn't report it because although R3 went to the emergency department, only steri-strips were applied. V1 confirmed the CNA instructor was standing in the hallway with the door closed. To her understanding when the incident occurred and didn't hear anything going on at the time. The manufacturers booklet entitled "Stand Up Patient Lift" documents under "Using the sling" for stand assist slings, "the belt MUST be snug, but comfortable on the patient, otherwise the patient can slide out of the sling during transfer, possibly causing injury." It documents "Transfer Slings" - "Before lifting the patient, make sure the bottom edge of the transfer sling is at the base of the spine and the patient, arms are outside the transfer sling." The booklet documents under "lifting the patient" - "before lifting a patient from a stationary object (wheelchair, commode or bed), slightly raise the patient of the stationary object and check that all sling attachments are secure. If any attachment is not correct, lower the patient	S9999	Continued From pa	ige 4	S9999		
and correct the problem, then raise the patient and check again." Under Warnings in the		A Skin tear or Bruis the facility dated 6/2 predisposing physic imbalance" but fails R3's fall during a traccommendations again. On 7/3/19 at 8:45ar was being transferr and a CNA here for incident occurred. Vas a fall but as a lareport it because all emergency departrapplied. V1 confirm standing in the hall her understanding and didn't hear any. The manufacturers Patient Lift" docums stand assist slings, comfortable on the causing injury." It d'Before lifting the pedge of the transfer spine and the patiet transfer sling." The "lifting the patient" stationary object (w slightly raise the parand check that all sany attachment is rand correct the pro	the Investigation completed by 21/19 documents R3's cological factors include "gait is to identify the root cause of ansfer and put forth is the incident did not occur and, V1 Administrator stated R3 and by a facility employed CNA recertification when the V1 stated they didn't identify it ceration/skin tear and didn't though R3 went to the ment, only steri-strips were need the CNA instructor was way with the door closed. To when the incident occurred thing going on at the time. booklet entitled "Stand Up ents under "Using the sling" for "the belt MUST be snug, but patient, otherwise the patient sling during transfer, possibly ocuments "Transfer Slings" - atient, make sure the bottom of sling is at the base of the nt's arms are outside the ent's arms are secure. If not correct, lower the patient blem, then raise the patient			

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING C IL6005300 B. WING 07/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3400 WEST WASHINGTON LEWIS MEMORIAL CHRISTIAN VLG SPRINGFIELD, IL 62702 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 patient's arms are outside the sling." The booklet documents staff are to ensure the patient's knees are secure against the knee pad and the feet are properly positioned on the foot plate instructing the patient to lean back into the standing or transfer sling. The facility's policy/procedure entitled "Mechanical Lift Transfers" dated 7/8/16 documents under Sit to Stands, "Apply harness around the resident's waist and secure. Assure the resident arms are on the outside of the harness with the front strap at or just below the sternum." On 7/5/19 at 1:10pm, V9 CNA Instructor stated he had a student, V5, who was with a facility employed CNA in R3's room doing the transfer with a sit to stand mechanical lift while he was standing outside the door. V9 stated R3 was anxious because she had been asking to go to bed for quite some time and the CNA's were still in the dining room assisting others with their meals at the time. V9 stated he heard the "fall" but "it wasn't like a big boom or anything" and when he opened the door, R3 was already on the bed and there was blood all over. V9 stated he went and got the nurse, V6 LPN to came to assess R3's leg. V9 estimated the wound as about a 4-inch skin tear on her left lower leg. When asked about whether the sling was applied appropriately to R3 prior to the fall, V9 stated yes, as he was looking through a crack in the door.

When asked how this incident could happen if the sling was properly applied and her feet positioned accordingly, V9 stated he thought "her foot must have slipped off the platform during the transfer." V9 stated he thought they should have used a full body mechanical lift at the time because he didn't think R3 was ready for the sit to stand lift transfer

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ND PLAN OF CORRECTION	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S9999	Continued From pa	nge 6	S9999 =		
	released by Physic what the CNA's did nurse, V6, what ha	y V6, LPN, that R3 had been al Therapy to use it so that's . V9 stated after telling the ppened, he started to clean up NA's had tracked through.			
	R3's fall and stated with V9 regarding usinstead of the sit to hallway with the do CNA's were transfered the distand and the signichanged to reflect to stated R3 was upselbecause she was well in the stated R3 was upselbecause she was well and stated R3 with the sit to hall was upselbecause she was well and stated R3 with the sit to hall was upselbecause she was well and stated R3 with the sit to hall was upselbecause she was well and stated R3 was upselbecau	m, V6 recalled the evening of she never had a conversation using a full body mechanical lift stand and that R9 stood in the or closed during the time the erring R3. V6 stated R3 had ay before to use the sit to behind her door had been that earlier in the day. V6 et at the time of the transfer vanting to go to bed and the the dining room assisting with			
	during transfer, R3 did not come off he On 7/5/19 at 10:57a	m, V1 Administrator stated that shifted to the side but the sling r nor did she slide out of it.		l¥	
A)	the non-certified nucontrols." R3 state starting to slide and continued to lift her asking them to go gher foot fell off the sideways adding the her onto the bed afrealize her leg had the bed and saw all shoulder is still sore healed. R3 stated sthat morning and he	two CNA's applied it and that arse aide was "running the d she told the aides she was I fall but the non-certified aide up despite her repeatedly get help. R3 stated she thinks side of the lift and she slid at the aides then "just pushed" ter that. R3 stated she didn't been injured until she was on the blood. R3 stated her and her leg wound is still not the had just seen the physician e told her if her leg isn't healed will have to send her to a			

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Illinois D	Department of Public	Health			FORM	M APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY
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LEWIS N	MEMORIAL CHRISTIAI	NVLG	ST WASHING IELD, IL 6270			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTING (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 7	S9999			
		stated she hurt to where she nerapy for "probably a week				
	doing the sit to stan and doing them quit COTA both determine with the CNA's in he is improper is when sling, the feet are not on the platform or the appropriately with the to their hips. V7 stawith R3 numerous to refused therapy and soreness for at least incident. V7 stated happened was that too high or not low of when lifting. V7 also cinched snug after a also too high if it is pV7 stated he would	m, V7 PTA stated R3 had been and transfers for a week or so ite safely when he and the ined she was ready to use it er room. V7 stated the transfer in the arms are outside the ot planted correctly positioned he sling is not applied he bottom edge almost down ated he discussed the incident times and that she repeatedly did to get out of bed due to the sta week following the his best guess on how it the sling was either positioned enough to support the torso to stated the sling must be applied before lifting and is positioned over the breasts. Consider this an avoidable ad been cleared to safely use ransfers.				
	stated the incident v facility must have no the sit to stand lift. V consider R3's leg we "deep" and was a "s	om, V15 Nurse Practitioner with R3 was avoidable and the ot had R3 secured correctly in V15 stated she definitely does yound as harm as it was significant injury" that has not ted she saw R3 in the office officion of the control of				
	2. On 7/5/19 at 11:0 entered R4's room (01am, V10 and V11 CNA's to transfer her with the sit to				

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Illinois Department of Public Health					FORM APPROVED
STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		<u> </u> <u> </u>	B. WING		C 07/10/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	0171072013
LEWIS N	MEMORIAL CHRISTIA	N VLG 3400 WES	T WASHING	TON	
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S9999	Continued From pa	ge 8	S9999		
59999	wheels, the CNA's on the platform and apply the lift sling a positioned about he snuggly as instructe loosely about R4's of CNA's lifted R4 off it check the hooks, ci her to lean back into under her armpits a wheelchair and most R4's care plan date "impaired balance" machine transfer wi 6/25/19 documents usage of the lift cha 3. On 7/5/19 at 1:3 entered R5's room is stand mechanical lift her feet on the lift plant the wheels of her with ad R5 lean forward applying it over her The sling was not lospine. As the CNA's position, the sling sling sling sling is the sling sling sling in the sling sling sling it over the sling sling sling it sling	instructed R4 to place her feet lean forward so they could bout her waist. The sling was er waist and was not cinched ed in the handbook but hung waist/lower chest area. As the her wheelchair, they did not nch the sling tighter or instruct to the sling. The sling slid up is they lifted R4 off her wed her to the bed. d 6/4/19 identifies her to have and require a sit to stand th two assists. A note dated staff was educated on safe	S9999		
	was given nor was a proper positioning of the Care plan dated have impaired mobile.	any attempt made to ensure f the sling prior to the lift. d 5/23/19 document R5 to lity and a congenital deformity tions include a sit to stand			

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		10211111071101	A MONIDER	A. BUILDING:			COMPI	LETED
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NAME OF PROVIDER (12000300		7.2			07/1	0/2019
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